WRITE

S. No. 1.

RECORD ACE should be stated EXACTLY. properly classified. Exact statement PERMANENT 4 UNFADING INK-THIS IS carefully supplied. PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms. DEATH in plain N. B.-

### PHYSICIANS should state of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate. important.

12404 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ward)

[it death occurred in

a hospital or institution, give its NAME Instead ot street and numbor.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Agle Calalia (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  (Month) 2 (Day (Year)	that I last saw him alive on Seft (8 ,1913
7 A C	it LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a)	CCUPATION  1 Trade, protession, or ticular kind of work	Malutrilin-
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duratien) yrs mos ds.
9 81	RTHPLACE (State or country) Bail God Nawa	Gentributory Cutt Forndulis - Secondary  (Duration) Dulyrs Kew mos ds.
ENTS	10 NAME OF FATHER Jahn M Boonton  11 BIRTHPLACE OF FATHER (State or country) Cambridge Not	(Signed) Selvoff, M. D.  Seft-19, 1913 (Address) Cauchi of the  *State the DISEASE CAUSING DESTRICT OF TO deather from Many
PAR	13 BIRTHPLACE OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  of death
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Intermant) JULY LOW	Where was disease contracted, if not at place of death?  Former or usual residence
15	(Address) Carberdage and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Canful Age vol Selfa 12, 1913
File	Social REGISTRAR	Gens Hogamy Ranberday
1	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of Ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never: Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 S FOR UNFADING INK-THIS RESERVED WRITE PLAINLY, WITH MARGIN

V. S. No.

N.B.

Village or City Cailling (No. 439)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6  St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Color OR RACE Single, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH Sept. 14, 1913 (Year)
TAGE  OATE OF BIRTH  (Month)  (Day  (Year)  It LESS than	17 I HEREBY CERTIFY, That I attended deceased from Not at all 191 to 191 to 191 that I last saw here alive on 191 and that death occurred on the date stated above, at 11.55 Pm.
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows:    Country
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER	(Signed) E. E. Woff . L. R., M. D.  What . 15 , 191 3 (Address) Cambridge, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) A1 place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death?
(Address) 433 High St. Cambridge  16 Filed Seft. 13 1913 Selv of Fred REGISTRAR	Former or  USUAL FESIGENCE.  19 PLACE OF BURIAL OR REMOVAL  Carbinage And - Sept 10, 1913.  20 UNDERTAKER  ADDRESS
A	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, rcturn "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustiou," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V.S.

000

SICIANS should occuPATION IS RECORD PERMANENT proper supplied. UNFADING WITH pin pial 2 DEATH of Item OF CAUSE M

1 PLACE OF DEATH STATE OF MARYLAND 12406 CERTIFICATE OF DEATH County Love Registration Dist. No. Tif death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from .., 191.3, to Selo 6 DATE OF BIRTH that I last saw h Adam alive on Court (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) .... certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 50 PARENTS 11 BIRTHPLACE (Address) Com OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 0 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... mos. .... State ..... yrs. \_\_ \_ ds. Where was disease contracted. If not at place of death?. Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)\_ 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

"Coutributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonilis," etc. childbirth or miscarriage as "Puerperal seplichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy." merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DURLAU, V.S.

IANS should s

classi

proper

certificate.

Ö back

50

plain Instructions

=

DEATH

mportant. Every It

15

Item 10

0

12467 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. 1912 WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? ow head - un 1) Jows 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary (Coration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country State ..... yrs. of death \_\_\_\_ yrs. \_\_\_ mos. .... \_ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE OF MY KNOWLEDGE If not at place of death? Former or

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pngumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, telanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never repor

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V S.

PERMANENT BINDING 4 IS FOR INK-THIS RESERVED UNFADING MARGIN PLAINLY, WITH

WRITE

44

RECORD

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE, Der 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, ORDIVORCED (Write the word) DATE OF BIRTH 3 pe (Month) (Day (Year) TAGE If LESS than should 1 day,....hrs. OR ..... 7 ACE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER ţ, be on back 11 BIRTHPLACE OF FATHER (State or country) PARENTS information should 12 MAIDEN NAME plain See Instructions OF MOTHER <u>c</u> 13 BIRTHPLACE OF MOTHER (State or country) DEATH 0 Item (Informant) CAUSE OF Important. 15 Filed

12408

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No./10

Ward)

Ilf death occurred in a hospital or Institution give Its NAME Instead of street and number. ]

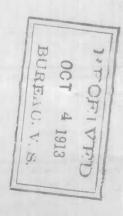
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
OLOR OR RACE 5 SINGLE, Sungle MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)			
Die 3,1912	that I leat saw have alive on Select 8, 1913.			
(Month) (Day (Year)    If LESS than   1 day,hrs.	and that death occurred on the date stated above, at 3 100, m.  The CAUSE OF DEATH* was as follows:			
noue.	Esteritis			
stry, it in or)	(Duration) yrs mos & ds.			
Dorchester Co.	Contributory Secondary  (Duration) yrs mos ds.			
than H Clork	(Signed) + 7 Ricols , M. D. Seft 8th, 1913 (Address) E. M. Dras led Son			
intry) Sorchister Co.	State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.			
antry) Dorchester to	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds			
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence			
relliams turg- md.	Thompson Town 9 91.3.			
,191REGISTRAR	Forloughby Herrlock mg			
If more blanks are needed, address State Regis	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second applies to each and every person, irrespective of age. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day lavorer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been ehanged or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carein-

LENT DEATHS State MEANS OF LYJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeratvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. For viocause. etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlou," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Contheuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," State cause for Never report



S. No. 1.

Got	PLACE OF DEATH 12409	STATE OF MARYLAND CERTIFICATE OF DEATH
	nd nd	Registration Dist. No.
Vill	age or City Canbuilglino.	St.; Ward)  [it death occurred in a hospital or institution, give ils NAME instead of street and number.]
	FULL NAME TO MAY CO	- CNE VOIN
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIEO, WIDOWEO,	16 DATE OF DEATH Seft 19, 1913 (Month) (Day (Year)
6 DA	TE OF BIRTH 24 gray 27, 1913  (Month) : 21 (Day (Year))	that I last saw h wally on April 1 1913.
7 AG		and that death occurred on the date stated above, at 3 A m.  The CAUSE OF DEATH* was as follows:  Court July - Culify
(a) par (b) busi whice	Trade, protession, or fitcular kind of work.  Deneral nature of industry, neers, or establishment in the employed (or employer)	(Duration) yrs. mos 4 ds.
- 81	(State or country) Canbludal not	Secondary (Duration) yrs mos ds.
TS	11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) Temple M. D. 9/19 1913 (Address) Company M.D.
PARENT	(State or country) Cambendage nd  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Cambridge Mr.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
	Informant) A TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
16	(Address) Canberd gland	Can fluidal Cenelyta Set 19, 1813
	1913 Selvery REGISTRAR	20 UNDERTAKER ADDRESS Levist Ofamily Carbled al ma

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATH'S state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," incre symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



V. 8. No.

N. B.-

### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 12410



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No ....

*FULL NAME alpret Corp.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE MARRIED, Not Known Weemen, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw h 2 alive on 9/10- ,1913
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 12-11, m, The CAUSE OF DEATH * was as follows:
**OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE* (State or country)  **BIRTHPLACE* (State or country)	(Duration) yrs. mos. ds.  Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER OUT LUMPLY  11 BIRTHPLACE OF FATHER (State or country) or L. MINING OUT TO THE COUNTRY OF LA MINING OUT TO THE COUNTRY OF LA MINING OUT TO THE COUNTRY OUT TO THE COUN	(Signed)  9  1913 (Address) Charles of Industry of the Disease Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs. mos. ds. Stafe yrs, mos. ds. Where was disease contracted, If not af place of death?  Former or
(Address) Chuch Chung Mills 115 Filed Sept 24, 1813 John R. Jester	19 PLACE OF BURIAL OR REMOVAL  TO COLOR HELL  20 UNDERTAKER  ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line, will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: For persons "Foreman," -Coal (8)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUST AND QUALITY ES which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpreal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrbage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nsut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. Never report The contributory tetanus) (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name orlgin; "Candeath), 29 For VIO-



No. 02

100

ż

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. classifled. 4 be IS should UNFADING INK-THIS properly AGE supplied. be may certificate. Carefully that It 80 0 PLAINLY, WITH pe DEATH in plain terms, See instructions on back pinous Information DEATH In WRITE of CAUSE OF important.

BOCCUPATION (a) Trade, profession, or

particular kind of work.

(b) General nature of industry, business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

PARENTS

16

14 THE ABOVE

(Intermant) -

### 1 PLACE OF DEATH Village or City. PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF BIRTH (Month) TAGE

12411

5 SINGLE, MARRIED.

WIDOWED, ORDIVORCED (Write the word)

(Day

(Year)

It LESS than

t day,....hrs.

OR ..... min. ?

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 11

Ilt death occurred in

Estelf Corkran	a hospital or lostitution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	21 101
(Month)	(Day (Year)
17 0 / I HEREBY CERTIFY, That I s	(
Sef 12 2 - , 1913, to Sef 2	6 1913
that I last saw he alive on Lh &	6
that I last saw n. alive on	0300
and that death occurred on the date stated a	bove, at a m,
The CAUSE OF DEATH* was as follows:	
f f f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cho C 24 Martin	
(Duration)	yrsmos3ds.
Contributory	
(Deration)	yrsds,
(Signed) R. W. Paymon	
Sulva L., 191 3. (Address) Die	
*State the DISEASE CAUSING DEATH, or, i CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOSPITALS IN	
At place in the	
	yrs, ds
Where was disease contracted, It not at place of death?	
Former or osual residence	
Linna and	Seft, 29, 1913
H H The Voughly &	ADDRESS A MARKET

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for Never report



PHYSICIANS should state of OCCUPATION is very stated EXACTLY. properly classified. AGE supplied. plain

RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH CAUSE OF Important, S 1 PLACE OF DEATH

County Dorchasta

Filed 44/7 3rd 1913

12412

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 115

Village	or	City 2	rshi	ng	GES	h.,	(N	o	,		
				/						^	

Ilf death occurred in St .:--

.Ward) a hospital or institution, give its NAME instead of street and number.]

ADDRESS

FULL NAME Mollice May	Cox
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Marriad ORDIVORCED (Write the word)	16 DATE OF DEATH SEASON (Month) (Day (Year)
O not know, (Year)	17 I HEREBY CERTIFY, That I attended deceased from ang. 22 1913, to Sept. 2 d., 1913.  that I last saw here alive on Sept. 2 d., 1915.
TAGE about 300 not known 1 dayhrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE  (State or country) Traconnics Co. Ind.	(Ouration) yrs mos 5 ds  Contributory Typhand Terran
11 BIRTHPLAGE OF FATHER (State or country) Baltmore, Md.  12 MAIDEN NAME OF MOTHER (State or country) Formerset Co.	(Signed)
(Intermant) John H. Tuckloughlum,  (Address) Tucking 6 reck, Md.	If not at place of death?  Former or  Usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

11 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," state occupation at beginning of ill-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL pcritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," natural heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease causing death), 29 "Seuile," etc.), "Dropsy," (secondary or intercurrent) State cause for "Exhaustion," Never report d8.;



No. vi

a

ż

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. stated classified. 4 pe IS pinous UNFADING INK-THIS properly AGE supplied. pe тау that it ma carefully 0 0 WITH terms, on back pinous E0 See Instructions Information DEATH WRITE 0 item OF Important. CAUSE

### 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE (Month) 7 AGE 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in 9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

PARENTS

16

(Year)

It LESS than

1 day, .....hrs.

OR ..... min. ?

REGISTRAR

If note blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12413

5 SINGLE, MARRIED. WIDOWED,

ORDIVORCED (Write the word)

(Day

### STATE OF MARYLAND CERTIFICATE OF DEATH

Ragistration Dist. No

Ilt death occurred in

	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]						
	MEDICAL CERTIFICATE OF DEATH						
	16 DATE OF DEATH September 76 ch 1913						
	(Month) (Day (Year)						
=	Sef 2 sec 1913, to Sec 2 sec, 1913.						
	that I last saw h. Mallve on Selfe J. see 1913.						
ı	and that death occurred on the date stated above, at						
	The CAUSE OF DEATH+ was as follows:						
	for the section of th						
	Enter. Colete - (Dr. Weff)						
i	(Duration) yrs mos ds						
	Contributory Whenfing - Comple ( De tal)						
	(Duration) yrs mas ds						
- (	(Signed) Andress) Our handle of						
1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.						
(	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)						
	At place in the of death yrs mos ds. State yrs mos ds						
	Where was disease contracted, It not at place of death?						
	Former or usual residence						
,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL						
1	Cambrilge and Sagt 26, 1913						
	20 UNDERTAKER ADDRESS						

[Approved by U. S. Census and American Public Health Association.]

statement. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (1)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic naturlar heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V.S.

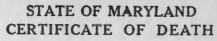
### V. S. No. 1.

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very N. B.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1	PLACE	OF DEATH	15	414
Gounty	20	orches	ler 6	0
		Beck	yds	<b>b</b>



114

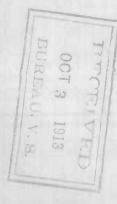
	Thoughts.	Registration Dist. No.
Vil	Pobul-Dorsey	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male Glack Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH Soul- / Livou , (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 A		and that death occurred on the date stated above, at
(a pa (b) bus wh	CCUPATION ) Trade, protession, or ricular kind of work ) General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  ONAME OF FATHER	Steen was no doctor  actindance  Suffere form old a fe  Heart disease (huration) yrs mos ds.  Contributory Secondary  (Duration) yrs mos ds.  (Signed) Laurel M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  MALE  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 -	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	At place in the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, it not at place of death?  Former or usual residence.
16 Fi	REGISTRAR	10 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  S. p. 30 , 191 3.  20 UNGERTANER  A Clompt Hage  Cambudge md
	the blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursults can be known. The question tiou is very important, so that the relative healthfulgainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But In many who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carcin-

such, If impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiebae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanttion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mcre symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caucause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) Never report



### PERMANENT UNFADING INK

PHYSICIANS should state of OCCUPATION is very RECORD stated EXACTLY. AGE DEATH in plain See instructions of Information CAUSE OF Important,

1 PLACE OF DEATH

0. 0.

12415

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No 1/6
11001011 011011	- 100:	1 1 0 ,

Vil	Page or City Could grand (No	St.; Ward)  [If dealh occurred in a hospital or institution, give lis NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	1 ALE COLOR OR RACE SINGLE, MARRIED, WIDCHED, ORDIVORCED (Write the word)	16 DATE OF DEATH Seff, 20, 1913. (Month) (Day (Year)
6 D	(Month) (Day (Year)  If LESS than 1 day,	that I isst saw has alive on
pa (b) bus	CCUPATION ) Trade, profession, or rificular kind of work.  Oleaneral nature of industry, siness, or establishment in ich employed (or employer)	The CAUSE OF DEATH* was as follows:  Ocute Enter. Colitie  (Ouration) yrs mos ds.
-	IRTHPLACE (State or country) And,	Gontributory Maluntature Secondary
ENTS	11 BIRTHPLACE OF FATHER (State or country)  10 NAME OF FATHER (State or country)  Md,	(Signed) S. M. D.  Sept. 20, 1913 (Address) Campage Mr.  *State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME Maggis Eunels	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

ı	OR RECENT RESIDENTS)			Control of the control	-
	At place	In the			
i	of death yrs mos ds.	State	yrs	mos.	ds
l	Where was disease contracted,				

Former or usual residence

REGISTRAR

PLACE	OF BUR	IAL OR	REMOVAL	
6an	bris	fe.	had	e-10.
		U		

ACORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

(Informant) 15

13 BIRTHPLACE OF MOTHER (State or country)

m,

ż

WRITE

02

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care additional live is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very Important, so that the relative healthfulwho have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearif (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAGOVS.

	PLACE OF DEATH 12416	STATE OF MARYL CERTIFICATE OF	
Co	unty Dorchester	Registered N	110
Vi	llage or City Release (No. Kessah Ect	St; Ward)	[it death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	АТН
3 SE Fr	MARRIED, Marged  Married, Married, Married, Wisower, Married, Wisower, Married, ORDIVORCED (Write the word)  ATE OF BIRTH  MARRIED, Married, Married, Wisower, Married, Wisower, Wisiwer, Wisower, Wisowe	(Month)  17 I HEREBY CERTIFY, That I attention  1913, to September 191	(Day) (Year) nded deceased from 191 3
	(Month) (Day) (Year)  It LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above The CAUSE OF DEATH* was as follows:  Carclinic Dryssy	re, at
(b) busi	General nature of industry, ness, or establishment in ch employed (or employer)  RTHPLACE tate or country)  Aussey  Lounty	Contributory Ricble Heart (Secondary)	s. 2 mos. / E d
ENTS	10 NAME OF FATHER Stenny Tull  11 BIRTHPLACE OF FATHER (State or country) Sussey Co  12 MAIDEN NAME	(Signed), 191 (Address) Seath, 5r, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	eaths from Violent whether Acciden-
PAR	13 BIRTHPLACE OF MOTHER (State or country) Sussey Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS)  At place of death yrs mos fs. State y  Where was disease contracted,	
	(Informant) Beury Eskrudge  (Informant) Dak From Sel	11 not at place of death?  Former or  usoal residence.  19 PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL
15 FII	ed Seft 17, 1913 & Wastings  Dept REGISTRAR	Reliance Wel Su 20 UNDERTAKER Toon AD J. Hramptom Fe	ht/84, 1812 DRESS devalote
	If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1	md .

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the DISTASE fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, it is and causation), using diverys the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid memonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaithed, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. chiidbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senite," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronia by carbolic acid—probably suicide. which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-The nature of the State cause for Never report Examples:



S. No.

ż

### RECORD PERMANENT stated EXACTLY. properly classifled. UNFADING INK-THIS AGE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very of certificate. n terms, so on back of Every Item of Information should CAUSE OF DEATH in plain terms See Instructions o Important. m

1 PLACE OF DEATH County Sorchester 12417

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 16-
Village or City Cambridge (No.406,	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  Seft 3,1913 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  28 , 19/3  (Year)	that I dest saw h. r. alive on
7 AGE It LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 9 P. m The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in	Grove Tetanio Neonatorium  (Duration) yrs mos. 2 ds.
**Mich employed (or employer)  **BIRTHPLACE (State or country)  **The country of the country of	Gontributory Secondary  (Duration) yrs mos ds
OF TATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER	(Signed) 2- ETWOLY L. R. M. D.  Sift 4, 1913. (Address) Countri Ogr., Ind  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
(Address) 40 6 Hage St. Cety	Where was disease contracted, If not at place of death?  Former or  Usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
16 has 11 3 5 5 711-lss	20 UNDERTAKER ADDRESS

If more Panks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need uot be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS

S. No.

PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
EXACTLY.
stated
hould be
AGE s properly
supplied. may be te.
that it certifica
so so
should terms, on bacl
Every item of information should be carefully st CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.
oEA'
oF I
B.—Every it CAUSE
z

Ounty For Chester 1241

or City Madison (N

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 120

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	2FULL NAME Stester Acages	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 3 5	4 COLOR OR RACE Single, Single, MARRIED, WIDDWED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Self. 3, 1913. (Month) (Day) (Year)
6 D	ATE OF BIRTH May 31, 1894	17 I HEREBY CERTIFY, That I attended deceased from Chefut 13, 1913, to to Softing 2, 1913 that I last saw her allve on Softin 2, 1913
TAG	(Month) (Day) (Year)	and that death occurred on the date stated above, at
bus	General nature of Industry, iness, or establishment in lich employed (or employer)  IRTHPLACE tate or country)  Devokustry Co. Ma  10 NAME OF FATHER  Wish Steday	Contributory (Secondary)  (Duration) yrs. mos. 20 ds  (Duration) yrs. mos. ds
ARENTS	11 BIRTHPLACE OFFATHER (State or country) DW. Co. Med	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country) Dev. Co. Med	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
	(Informant) Which Heaps - factor  (Address) Madison, Ma	it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Melusis Charles  Sefly, #4 1013
15 Fi	ied, 191	20 UNDERTAKER  ADDRESS  ADDRESS  To July 16

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (net pald Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question mine, etc. it should be used only when needed. As examples essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," If the occupation has For persons (6)

Statement of cause of death—Name, first, the diblasse causing death—Name, first, the diblasse causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic core-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mus," "Old Age," "Shock." 'Traemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scotichae. etc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

W. B. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEAT12419	STATE OF MARYLAND CERTIFICATE OF DEATH
County Dorcherfee	Registration Dist. No. //6
Village or City Cambridge (No.	St.; Ward)  [If death occurred le a hospital or Institution, give its NAME instead
*FULL NAME Major A. 70	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thite Single, Married Wipower, Wipower, (Write the word)	16 DATE OF DEATH Deft 2 1973 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I sttended deceased from
O DATE OF BIRTH  (Month)  (Day)  (Year)	on July 10 1913, to 191, 191, 191, 191, 191, 191, 191, 191
7 AGE  6 3 yrs. 7 mos. 12 ds. 0R min.?	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Cillagra
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) best yrs 2 worth ds.
(State or country) May Land	(Secondary)  (Deration) yrs mos ds.
of 11 DIETHER John of Meigher	(Signed) SRWDeff, M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Grueline Jackson  13 BIRTHPLACE OF MOTHER (State or country)  Many Land	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.
(Informant) The down A. Mengher	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Cambridge Md-	19 PLACE OF BURIAL OR REMOVAL  Sambidge Md  20 UNDERTAKER, ADDRESS
Filed Left 2 , 1913 See Registran  If more blanks are needed address State Portation	W. Ms. Millis VIBAs Cambridge Me r, 6 E. Franklin St., Baito., Requesting V. S. No. 1.
II more bishus are needed, address State Registra	r, o m. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Leaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



N. B.—E. y Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

1	PLACE OF DEATH 12420	STATE OF MARYLAND
Co	unty Dorchester	CERTIFICATE OF DEATH
		Registration Dist. No. //6
	10. mi	
Vil	lage or City County (No,	St.; Ward) [If death occurred in a hospital or institution,
	FULL NAME Clefred for	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
381	Acce Colored Single, Married Male Colored Opposes, Married Opposes, Married Opposes	(Month) (Day (Year)
=		17 I HEREBY CERTIFY, That I attended deceased from
0	ATE OF BIRTH	1913, to 200, 1913,
	(Month) (Day (Year)	that I last saw h alive on 1913
7 A		and that death occurred on the date stated above, at m.
	67 1 day,hrs.	The CAUSE OF DEATH* was as follows:
80	CCUPATION OR MOS	I'ul. Julmenors
(a)	Trade, profession, or	
	rdicular kind of work	
bus	iness, or establishment in ich employer)	(Duration) yrs 1 mos ds.
	RTHPLACE	Contributory
	(State or country) Masselfield	Secondary
	10 NAME OF ACREA Suckson	(Signed) (Signed) yrs mos ds.
ITS	11 BIRTHPLACE OF FATHER	191 3 (Address) Cumy Mil,
ARENT	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
0.	13 BIRTHPLACE OF MOTHER M.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
14 ,	(State or country)	of death yrs mos ds. State yrs mos ds Where was disease contracted.
	THE ABOVE IS THOU TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(informant)—Calle Juenton	Former or usual residence.
	(Address) Carolbruse Me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Occubride Cemeter Lep 24 1913
FII	ed Seft 24 1913 ENValf	20 UNDERTAKER ADDRESS
	REGISTRAR	deloustle Harper Combridge
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomcnela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



		CE OF DEATH			STATE O	FN
G	ounty Do	relister	12421	110	CERTIFICA	TE
		**************************************	*************	: \.\	R	legis
١	illage or Ci	ty Thulor	· (1	10	St;	W
		01/	. I com	lala		
		NAME WAR	ICAL PARTICILL	ARS	MEDICAL CERTIFI	CATE
3 5		4 COLOR OR RACE	5 SINGLE,	AICO .	16 DATE OF DEATH	0
,	malo:	Black	MARRIED, WIDOWED, ORDIVORCED (Write the WOI		• • • • • • • • • • • • • • • • • • • •	Month
8 0	ATE OF BIRT	100	(Write the wor	ra) :	I HEREBY CERTIF	G
		6	15	1913	, [91)., to	1.4
-		(Month	(Day)	(Year)	that I last saw h . A. alive on 4	1.42.
7 A	GE			If LESS than I day,hrs.	and that death occurred on the dat	
	40000000	yrs. 3	_mosds.	ORmin.?	The CAUSE OF DEATH* was as fo	
(b)	General nature o				***************************************	********
bus whi	iness, or establich employed (or of the transfer of the transfer or country	employer)	none		Contributory (Secondary)	ation)
bus whi	iness, or establich employed (or of the	employer)	verlio e	ma_	Contributory Mond (Secondary) (Dera	ation)
bus whi 9 B (S	iness, or establich employed (or of interest that it is not country to the country of the countr	y) Jone		ma	Contributory Mond (Secondary)  (Dera	ation)
bus white SEN	iness, or establich employed (or of the country of	omployer)		ma	Contributory Your (Secondary) (Dara (Signed) SRa	ation)
ZENTS SING	iness, or establich employed (or of inthe parties of country)  10 NAME OF FATHER  11 BIRTHPL.  OF FATH (State or country)	alonga ACE 16 H Ountry)  NAME		ma s.	Contributory Mond (Secondary)  (Dera	ation)
ENTS SING	iness, or establich employed (or of interest and interest	alonga  ACE IER Ountry)  AME HER  MAME		ma s.	(Signed)	ation)
ZENTS SING	iness, or establich employed (or of inthe parties of country)  10 NAME OF FATHER  11 BIRTHPL.  OF FATH (State or country)	ACE OUNTY)  ACE OUNTY)  NAME HER  ACE		ma s.	Contributory (Secondary)  (Secondary)  (Signed)  (Signed)  State the DISEASE CAUSING DEACAUSES, state (1) MEANS OF INJUTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOOR RECENT RESIDENTS)  At place of death yrs. mos. ds.	ation)  ATH, CIRY;
PARENTS Sa HW	iness, or establich employed (or of employed (or of employed) (or of emplo	alonga  Ace Her  NAME HER  ACE LER  DUBLITY)  ACCE LER  DUBLITY  ACCE LER  DUBLITY		on on	(Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (State the Disease Causing Dea Causes, state (1) Means of Injural, Suicidal, or Homicidal.  18 Length of Residence (For Hoor Recent Residents)	ation)  ATII,  OBPITA  In the  State
PARENTS Se end	iness, or establich employed (or of employed (or of extra ex	alonga  Ace Her  NAME HER  ACE LER  DUBLITY)  ACCE LER  DUBLITY  ACCE LER  DUBLITY	Johnson wrette Robins never l	on on	Contributory (Secondary)  (Secondary)  (Signed)  State the DISEASE CAUSING DEAC CAUSES, state (1) MEANS OF INJUTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOOR RECENT RESIDENCE) At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or	ATH, OURY;
PARENTS Se end	iness, or establich employed (or of employed (or of employed) and or of each of employed (or of employed). It is a second or of employed (or of employed). It is a second or employed (or employed) and employed (or employed)	alonga  Ace Her  NAME HER  ACE LER  DUBLITY)  ACCE LER  DUBLITY  ACCE LER  DUBLITY	Johnson wrette Robins never l	on on	Contributory (Secondary)  (Secondary)  (Signed)  State the DISEASE CAUSING DEACAUSES, state (1) MEANS OF INJUDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOMICIDAL)  At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?	ation)  ATH, CORPITA  In the State
PARENTS Sa e	iness, or establich employed (or of employed (or of employed))  IRTHPLACE tate or country  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN OF MOTH (State or country)  13 BIRTHPLACE OF MOTH (State or country)  OF MOTH (State or country)  THE ABOVE IS (Informant)	alonga  Ace Her  NAME HER  ACE LER  DUBLITY)  ACCE LER  DUBLITY  ACCE LER  DUBLITY	Johnson wrette Robins never l	on on	Contributory (Secondary)  (Secondary)  (Signed)  State the DISEASE CAUSING DEAC CAUSES, state (1) MEANS OF INJUTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOOR RECENT RESIDENTS)  At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.	ation)  ATH, CORPITA  In the State

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

ILOGISTOI OU	1407
Ward)	[If death occurred in a hospital or institution
	give Its NAME instead

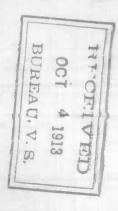
MEDICAL CE	RTIFICATE C	F DEATH
16 DATE OF DEATH	9 (Month)	14, 191.3. (Day) (Year)
9/13 , 1913	RTIFY. That	1 attended deceased from
that I last saw h	e date stated	191.3.
marss	nus	
4	(Doration)	
Contributory (Secondary)	mı	•••••••••••••••••••••••••••••••••••••••
	. (Deration)	yrsds.
(Signed)		nyer, M.D.
*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL	G DEATH, Or, INJURY; and	In deaths from VIOLENT (2) whether Acciden-
18 LENGTH OF RESIDENCE (F or Recent Residents) At place of death yrs mos, Where was disease contracted, If not at place of death?	In the	INSTITUTIONS, TRANSIENTS, yrs, mos, ds.
Former or usual residence.	*******************************	
Hentoele I	aoval ld	Sehl-15th, 191 7
H Hellenighty	y son	ADDRESS Mulsola Mid

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the husiness or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at heginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal naterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should he used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will he sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the dibease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUEEPERAL septichaeetc., when a definite disease can he ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably swicide. The nature of the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Aiways qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:



	RECORD	PHYSICIANS should state of OCCUPATION IS very
, 8 % 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County....

LAGE OF DEATH	12422	ind	STATE OF MARYLAND CERTIFICATE OF DEAT
Ost to be in the broken harry		19.	Registration Dist. No

	4	1 17.	
Village or	City Bishop Head	(No 10	/

ГН

ST ....Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

mod

	FULL NAME Milaon Johnson	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED, OR OLOROCEO (Write the word)	16 DATE OF DEATH  Set 29, 1913  (Month) (Day) (Year)  17   HEREBY GERTIFY. That I attended decreased from
6 D	ATE OF BIRTH  Seft 27, 19/  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from L. 1913, to Left 2 2 , 1913, that I last saw have on Left 2 2 , 1913
TAC	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) pai (b) bus	CCUPATION ) Trade, profession, or ricular kind of work  General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. 6 mos. 0 ds.
9 81	RTHPLACE (at employer)  Bushow Head and	(Secondary)  (Duration)  (Secondary)  (Duration)  (Duration)  (Duration)
11 BIRTHPLACE OF FATHER (State or country) Crafto m. d.  12 MAIDEN NAME OF MOTHER (State or country) Crafto m. d.  13 BIRTHPLACE OF MOTHER (State or country) Crafto m. d.		(Signed) PH Jawes, M. D. Seft 29, 1913 (Address) Bishops Head med
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
	(Informant), Limited Johnson	Where was disease contracted, If not at place of death?  Former or usual residence
15	(Address) Bishop Head mil	Craps ma at 1st 1913.
FI	led Sept 29, 1913  MF H A Bilihitt REGISTRAR	WJ & Robinson Broken Head
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISLASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—in all respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Turreral scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the thonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATERS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for death), 29 ds.: Examples: FOI SAIO-01



8

State 40 OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. properly ed. pe UNFADING suppl may 50 terms, plain Information = of Inford Item OF mportant. Every It

certificate.

back

LO

Instructions

16

Very

12423

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

a hospital or justitution. give its NAME instead

I'll death occurred in ....Ward) of street and number. ] PERSONAL AND STATISTICAL EDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, a 1 day ..... hrs. The GAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary, (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_ yrs. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. MY KNOWLEDGE It not at place of death?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OF BURIAL

20 UNDERTAKER

ADDRESS

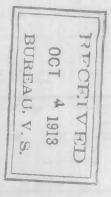
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the niseAsE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Physician Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many (a) Spinner, Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the occupations a single word or term on the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is Indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a dcfinite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



02

ż

rSicians should state occupation is very orchester 12424 PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED, 3 SEX 4 COLOR OR RACE (Write the word) DATE OF BIRTH classified. (Month) (Day 7 AGE OR ..... ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 90 See Instructions on back S 11 BIRTHPLACE piain terms, ARENT OFFATHER (State or country 12 MAIDEN NAME OF MOTHER 2 13 BIRTHPLACE OF MOTHER (State or country) DEATH 14 THE ABOVE 0 Every item CAUSE OF Important, (Address). 15 1

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

afitt	War	a hospi give its	tal or lostitution, NAME instead and number.
MEDICAL CER	TIFICATE	OF DEATH	
16 DATE OF DEATH	(Month)	28 (Day	, 191.3 (Year)
17 I HEREBY CER 27, 1913	RTIFY, Tha	t I attended	
that I last saw h L.z. alive or	1	ph 2	8, 1913
and that death occurred on the The CAUSE OF DEATH* was			
ande Gar	Tro-E	uter	Total Reconstruction
	(Duration)	yrs	mos. 4 ds
Contributory Secondary	***************************************	*********	***************************************
(00000000000000000000000000000000000000	(Ouration)	yrs	mosds
(Signed) (Address	Sim	us de	, M. D
*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL			from Violent
18 LENGTH OF RESIDENCE (FOOR RECENT RESIDENCE) At place of death yrs mos Where was disease contracted, if not at place of death? Former or usual residence	OR HOSPITAL	s, Institution	IS, TRANSIENTS
19 PLACE OF BURIAL OR REM	MOVAL	DATE OF	BURIAL 29., 1913.
30 UNDERTAKER		ADDRESS	1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

If LESS than

1 day,....hrs.

[Approved by U. S. Census and American Public Health Association.]

cated thus: fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, "Foreman," The (4)

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, The contributory "Old Agc," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; SUICIDAL, or HOMICIDAL, or as probably may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

stated EXACTLY. PERMANENT

properly classified. AGE should be

Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

RECORD

ż

WRITE

### 1 PLACE OF DEATH

12425

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....//5

Village or City Jung resky (No.	Village or	City Feshing Cracky No.
---------------------------------	------------	-------------------------

St.;....Ward)

[if death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

Ш.	FULL NAME Emma	JESTUR
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 31	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH September 1915 (Month) (Day (Year)
6 D/	(Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from Schot Suntage 9 1913, to Super 10th, 1913, that I last saw here alive on Super 10th, 1913.
7 AC	If LESS than t day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) pai	CCUPATION Trade, profession, or rticular kind of work  General nature of industry.	Condision Strailer to
bus	iness, or establishment in ch employer)	(Duration) yrs. mos. ds.
9 B1	RTHPLACE (State or country)	ContributorySecondary
S	10 NAME OF FATHER  11 BIRTHPLACE	(Signed) W. J. H. D. Sept 24, 1913 (Address) Training 6 7 8 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
PARENTS	OF FATHER (State or country) Sovelies for Co.  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) A orchester Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
16	(Address) Fishing Break Ind	Testing Greek Church yord Sept 124; 1913.  20 UNDERTAKER ADDRESS

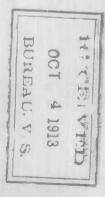
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applles to each aud every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very Important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman." (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the Americau Medical Association. "Contributory." by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a defluite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), "Exhaustion," For vio-



	should state
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
r, WITH UP	terms, so the on back of cer
RITE PLAINL	-Every item of information should be carefully sup GAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
3	B.—Every Item CAUSE OF Important.

12426 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

mielios! .Ward)

[If death occurred in a hospital or Institution,

FULL NAME	or street and nounder.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFI	GATE OF DEATH
Female Colorel (Write the word)  4 COLOR OR RAGE  5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	7
6 DATE OF RIRTH	Y, That I attended deceased from Sept 2, 1913, 1913,
7 AGE If LESS than and that death occurred on the da	te stated above, at 8 9 m.
9 yrs 5 mos 2 d ds OR min ? The CAUSE OF DEATH * was as for	A
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	child birth
and an ample of a minimum of the contract of t	ration) vrs. mos Ques.
(State or country)	llities
FATHER George Merendy (Signed) (Signed)	ration) yrs mos ds.  M. D.
(State or country)  *State the DISEASE CAUSING D CAUSES, state (1) MEANS OF IN. TAL, SUICIDAL, OF HOMICIDAL.	EATH, or, in deaths from VIOLETT JURY; and (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR H OR RECENT RESIDENCE (FOR H OR RECENT RESIDENCE) At place of death yrs mos ds.	In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) The Above is True To The Best of My Knowledge  (Informant) The Above is True To The Best of	
(Address) Canthe Age And 19 PLACE OF BURIAL OR REMOVE	AL DATE OF BURIAL
Flied Seft. 24 1913 & E. Wolff 20 UNDERTAKER 20 UNDERTAKER	ADDRESS

If more playks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (d) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school of At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



BINDING 00 ESERVED

200

should si NOIT OCCUPATION PHYSICIANS RECORD of PERMANENT EXACTLY staten Exact stated classified. pe should properly INK pe supplied UNFADING may that 80 WITH back terms, pinous plain Instructions 2 DEAT of 0 Important. Every Ite

certificat

jo

0

Very state

12427 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in Ward) hospital or lostitution. give his NAME Instead ot street and comber. 1 **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH alive on ..... Month) (Day (Year) TAGE If LESS than and that dasth occurred on the date stated above, at f day, .....hrs. mos. OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or astablishment in which amployed (or employor) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_\_\_ yrs.\_ Where was disease contracted. If not at place of death? Former or (Informant) usuai residence (Address' DATE OF BURIAL 16 20 UNDERTAKER ADOHES REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal ("Pneumonia," unqualified, is indefinite): Tubercu-"(Croup";) fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ample: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondthe certificate is permanently filed. cnce. All the data is essential and must be obtained before



BUREAU, V.S.

UNFADING INK-THIS IS

PLAINLY, WITH

S. No. 1.

ż

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 AGE CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate. Every Item of information should be CAUSE OF DEATH in plain terms, s B

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //

....St.;.....Ward)

[If death occurred in a hospital or lostitution,

PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3 SEX  A COLOR OR RACE  MARRIED.  MARR	
Marken Marken Morrel 23,	
(Write the word)	191.3 (Year)
6 DATE OF BIRTH  (Month)  (Day  (Year)  7 AGE  17   HEREBY CERTIFY. That I attended decease  (Month)  (Day  (Year)  1845  (that I last saw h	, 191,
The CAUSE OF DEATH * was as follows:    Good Pation   Good	ds.
State or country)  OF FATHER  OF FATHER  OF FATHER  (State or country)  A  (Signed)  (Signed)	VIOLENT
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTION	ds
19 SLACE OF BURIAL OR REMOVAL  16 Filed Lift 2 7 1913 P W SP armov  REGISTRAR  19 SLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  REGISTRAR  Li more planks are needed, address State Registrar, G E. Franklin St., Balto., Requesting V. S. No. 1.	AL ., 1916

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report



No. 1. υ'n

ż

	PLAGE OF DEATH 1240	STATE OF MA
Cal	inty Dorchesles	CERTIFICATE
		Registration D
Vill	age or City E. n. marlat (No.	St.;War
	FULL NAME John Turray	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
3 SE	MARRIED, WIDOWED,	16 DATE OF DEATH Sept. (Month)
	TE OF BIRTH	fully 1, 1913 to
	mor 8 1913	July 1, 1913, to 1
	(Month) (Day (Year)	that I last saw h. Land. alive on
TAC	If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date sta The CAUSE OF DEATH* was as follows
(a)	CCUPATION Trade, profession, or floular kind of work	Marsamus -
bus	General nature of Industry, ness, or establishment in ch employed (or employer)	(Ouration)
9 BI	RTHPLACE (State or country) Mary Cand	Secondary Secondary
	10 NAME OF FATHER	(Signed) N.F. New
NTS	11 BIRTHPLACE OF FATHER	, 191 (Address)
PARENTS	(State or country) Marifland  12 MAIDEN NAME OF MOTHER  A A A A A A A A A A A A A A A A A A A	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.
11.	13 BIRTHPLACE OF MOTHER (State or country) Manufactures  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPIT) OR RECENT RESIDENTS) At place In the of death yrs,
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(	Informant) & market ml	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL
15	(Address)	Vuna ma

12429

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SOLOR OR RACE  Slock  Slock  Street  S	16 DATE OF DEATH Sept. 13, 1913. (Month) (Day (Year)
(Write the word)	July 1, 1913, to Sef- 1, 1913.
[Month] (Day (Year)	that I last saw h. Case alive on 2 / 1, 1913
If LESS than	and that death occurred on the date stated above, at 3 a
yrs 6 mos J 1 day, hrs. OR min. ?	The CAUSE OF DEATH* was as follows:
houe	Marasmus -
istry, nt in yer)	(Ouration) yrs. 2 mos. / 3 ds.
mary land	Contributory Secondary
arthur Consway	(Signed) A F Ree & M. D.  (Signed) A Goldense & M. D.  (Address) & M. D.
ne marfford	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
addie Murray	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
intry) Mary land	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
UE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
outh murray	Former or usual residence
En mortal ml	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Venua md sept 14, 1913
	20 UNDERTAKER ADDRESS
, 191REGISTRAR	H. H. miloughly E. M. modul
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) been changed or given up on account of the misease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

pneumonia"); Lobar "Croup";) brospinal meningitis"); time and causation), using always the same accepted causing neath (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercupneumonia; Bronchopneumonia Diphtheria (avoid use Carcin-

> ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting Measles (disease causing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V.S.

7	
H	
No.	
<b>0</b> 2	
Š	

RECORD	PHYSICIANS should state of OCCUPATION is very	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	6

PLACE OF DEATH 12430

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred in

	FULL NAME Victor Ree	give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 D/	ATE OF BIRTH  June 10, 1913  (Month) (Day (Year)	that I last saw he alive on and that death occurred on the date stated above, at 20, m.  The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION ) Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Transport Land	(Duration) yrs 2 mos ds.  Contributory Secondary (Duration) yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Delaware  12 MAIDEN NAME OF MOTHER BERLES Humanus	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  M. Marslut, Mil	At place in the of death
		20

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Groecry; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be judlvery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucters of lungs, meninges, peritonacum, etc., Carcin-

ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." such, if impossible to determine defluitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The coutributory tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

### PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH

σĝ

ż

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD B.—Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be in important. See instructions on back of certificate. 12431 STATE OF MARYLAND EATH

County Dall filst	CERTIFICATE OF	DI
wear cantification to love hoad	Registration Dist.	No.
Village or City Roll and Bono.	St.:Ward)	

1 PLACE OF DEATH

[If death occurred in a hospital or Institution,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flamale Ralaud (Write the word) And	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH  Sef 25  (Month) (Day (Year)	not at all 191 to 191 , to 191 , 191 , that I last saw h ls alive on 191
Steff-born- it day, hrs. or min.?	and that death occurred on the date stated above, at
CCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Still-born.  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Canberdal md	Contributory Secondary  (Duration) yrs mos. ds
11 BIRTHPLACE	(Signed) E. E. Wolff J. R. M. D. Seft. 29, 1913 (Address) Carulin der Mid
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Canbridge and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) & Sup Laults	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Camberstyl vol	Calchtonn vol Sep 29, 1913
Filed PEGISTRAR  If more blanks are needed, address State Regis	Lewb H Barner Ramburdal

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. causing death, state occupation at beginning of illof persons engaged lu domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Convulsions," "Debility" ("Con-The nature of the State cause for Never report



No. vi

z

PHYSICIANS should state of OCCUPATION Is very RECORD statement PERMANENT stated EXACTLY. ciassified. Exact should be UNFADING INK-THIS properly AGE carefully supplied.

that it may be p of information should be DEATH in plain terms, so See instructions on back of WRITE PLAINLY, CAUSE OF I m

1 PLACE OF DEATH 12432 County Dorchester



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

V	illage or City Woolford (No, 2FULL NAME Louis Seymo	give its NAME Instea
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	Nale Black (Write the word)	16 DATE OF DEATH  Sefty, 18  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	March 15", 1889  (Month) (Day) (Year)	about lake 5th 1013 in Schlir 5
TAC	2 4 yrs. 6 mos. 3 ds. OR min.?	INE CAUSE OF DEATH * Was as follows:
(a) par (b) bus whi	OCCUPATION  I) Trade, profession, or  General region of work  General nature of industry,  iness, or establishment in  the employed (or employer)  Archister Co. Ind.	Probably infection from an operation for her removal of injured testicle from a service accident.  Struct on testiel (Duration) yrs. mos. ds.  Contributory (or 7 works proving to death (Secondary)  (Buration) yrs. mos. ds.
ARENTS	10 NAME OF FATHER Jere Seymour  11 BIRTHPLACE OF FATHER (State of country) Dav. Co. Md  12 MAIDEN NAME LAND	(Signed)
147	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?
15	(Informant) George Seymon, Mother (Address) Wovefund, Ind  REGISTRAR	Former or usual residence  19 PLACE OF BURIAL OR, REMOVAL  Melun's Chapel Sefty. 19, 1913  20 UNDERTAKER  ADDRESS  Donald Richardson Church Cruks

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Indust, j., and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Nousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. essary to know (a) the kind of work and also (b) Civil engincer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childblrth or miscarriage, as "Puerperal scptichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ by carbolic acid-probably suicidc. The nature of the "Keart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may he stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: 01



	FULL NAME Selena C. X	mille
	PERSONAL AND STATISTICAL PARTICULARS	
3 s	** COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF
6 D	ATE OF BIRTH  (Month) (Day (Year)	on. Seft
TA	( )	and that death
pa (b bu: wh	Trade, profession, or ricular kind of work.  General nature of industry, liness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	Contributo Secondary
	1D NAME OF CY	(Signed)
S	FATHER George, a Smith	Sett-13
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the CAUSES, sta TAL, SUICIDA

12433

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.; W	(ard) a hospital or Institution, give its NAME Instead of street and number.]
MEDICAL CERTIFICAT	TE OF DEATH

18 DATE OF DEATH	left.	13	101.3
***************************************	(Month)	(Day	(Year)
17 1 HERE		hat I attended	
4 / / -	1913 to		191
that I last saw h	0	pt.10	, 1912
and that death occurred	d on the date s	tated above, at.	5: 30 A. m.
The CAUSE OF DEATH			
Maand	rilin		
******************************			000000000000000000000000000000000000000
***************************************	(Duration	Sralual VIS	mosds.
Contributory Secondary	1800mm	************	
***************************************	(Duration	1) yrs	ds.
(Signed)	224	Jelf	, M. D.
	(Address) Co	ambrid,	in hid
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or HOL	CAUSING DEAT EANS OF INJUR MICIDAL.	H, or, in deaths Y; and (2) wh	from VIOLENT ether Acciden-
18 LENGTH OF RESIDE	,		NS, TRANSIENTS,
At place		the	
of death yrs m		state yrs,	mos ds
Where was disease contracted if not at place of death?	1,		
Former or		00.0	0 0 0 hrd 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
usual residence		070 07 00000000000000000000000000000000	
19 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL
Cambre	les Mr.	1 sep	£13,191,3
20 UNDERTAKER	1,000	ADDRES	
	VA	VODE	9

If pore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b)For many occupations a single word or term on the been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubcreulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on (secondary or intercurrent) State cause for statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



20

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Cot	PLACE OF DEATH 12434 unty Dalph	STATE OF MARY CERTIFICATE OF	DEATH
Vill	age or City Danbering (No.	Registration Dist. St.; Ward)	[If death occorred in a hospital or institution, give its NAME instead
	2 FULL NAME Sowas Smith	L.fr.	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF L	DEATH
3 SE	MARRIED, WIDOWED.	16 DATE OF DEATH Sefalember (Month)	22 , 191.3 (Day (Year)
	nall Calala (Write the word) Single	17   I HEREBY CERTIFY, That) I at	
8 DA	Dec 10 ,912	Op 10 3, 191 3, to Sept	127, 1913,
-	(Month) (Day (Year)	that I last saw he alive on Sefu	20 ., 1913
TAC	If LESS than 1 dayhrs.	and that death occurred on the date stated ab	ove, atgm,
	yrs 9 mos ds OR min.?	The CAUSE OF DEATH* was as follows:	
	CCUPATION Trade, profession, or	2	***************************************
par	ticular kind of work.	Marian	rus.
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration)	yrs. 9 mos 10 ds.
9 BI	RTHPLACE (State or country) Can Ily Michael	Contributory Secondary	9 (1)
	10 NAME OF FATHER KMAS Smith	(Signed) Just Jaguet	yrs mos ds.
TS	11 BIRTHPLACE OF FATHER	Sefu 33, 191 3 (Address) Em	budge Ind
ARENTS	(State or country)	*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	deaths from VIOLENT (2) whether Accident
P	OF MOTHER Carrie Jone 88	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	
	OF MOTHER (State or country)	At place in the of death yrs mos ds. State	yrs, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	**************************************
(	Informant) amas Amth	Former or usual residence	
	(Address Pin Ext abogenheidge, OAgd.	19 PLACE OF BURIAL OR REMOVAL POR	ATE OF BURIAL
16 File	self. 22, 1913 Elloff REGISTRAR	20 UNDERTAKER A	DORESS
		crar, 6 E. Franklin St., Balto, Requesting V. S. N	o. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations the nature of the business or industry, and therefore an CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engincer, (6)

Statement of cause of death—Name, first, the disease causing death is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registered No. fif death occurred in PHYSICIANS St: .....Ward) a hospital or institution. RECORD give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. Write the word) 6 DATE OF BIRTH (Year) 7 AGE If LESS than 1 day. hrs. The CAUSE OF DEATH \* was as follows: properly 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) (Doration) 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State or country) \_ ds. · State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. \_\_\_\_\_ yrs. ..... mos. .... DEATH Where was disease contracted. . If not at place of death? of Former or CAUSE OF usual residence. Important. 15 20 UMBENTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S/No.

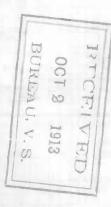
12435

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indiheen changed or given np on account of the DISEASE who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Grocery; (a) Foreman, (b) Automobile factory. The Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Purrpural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPEBAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malle-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vro-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



County Derches 12436	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 110
Village or City Release trug (No, No, No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formale Arute Single, MARRIED, MARRIED, WIDDWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Mynth) (Day (Year)  7 AGE  If LESS than 1 day, hrs. OR min.?	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from (1913), to 9  that I last saw hea alive on 9  and that death occurred on the date stated above, at 8300 m  The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE  14 BIRTHPLACE  14 BIRTHPLACE  15 MOTHER  16 BIRTHPLACE  17 BIRTHPLACE  18 BIRTHPLACE	(Ouration) yrs mos ds.  Contributory Berolous Measles Secondary  (Ouration) yrs mos ds.  (Signed) yrs mos ds.  (Signed) yrs mos ds.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
OF MOTHER (State or country) Manylaced  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Cas & Jodd  (Address) Mulliames true of Such  16 Filed Seft 19th  1913 Kobut & Waster of REGISTERR	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 place of Burial or Removal Date of Burial Sept 30 ch 191.3.  29 understaler Address Addres

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstilial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viocause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



S. No. 1.

N. B.

### 12437 1 PLACE OF DEATH rehister Ev Viilage or City

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

St.;.. .Ward) [It death occurred in a hospital or institution, give Its NAME Instead of street and number.

FULL NAME Juma Jan	US.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
#2male While (Write the word)	16 DATE OF DEATH Sept 19 , 1913 (Month) (Day (Year)
TAGE  AGE  AGE  AGE  AGE  AGE  AGE  AGE	that I last saw h 12 alive on Seft 17, 1913.
yrs mos ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, protession, or particular kind of work	Prington Both (about 7/2 mise)
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrsmos,ds.
9 BIRTHPLACE (State or country) Dor chister Co, his	Secondary (Doration) yrs mos ds.
10 NAME OF FATHER J. G. Traus	(Signed) SWOFF, M. D.
11 BIRTHPLACE OF FATHER (State or country) Sor chester Cev, Mod.  12 Majden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother I da M Dum  13 BIRTHPLACE OF MOTHER (State or country) Doy chister Cev Just	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds
(informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence
(Address Oambudge	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Seff. 20 1913 Erwolff- FEGISTRAR	20 UNDERTARER Mode ADDRESS LECTION OF HARD Cambudge
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Caroin-

nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Causuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiebae-"Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V S.

S. No. 1.

ż

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be sight that it may be properly classified. 4 UNFADING INK-THIS IS AGE DEATH in plain terms, so See instructions on back of PLAINLY, WITH -Every item of information CAUSE OF DEATH in pial important. See instructions

				-4	0	1
1	PLACE	OF	DEATH	1	2	4

38

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 115

St.;.... .Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Married, Widowal (Write the word)	16 DATE OF DEATH SEATTH 1474, 1913  (Month) (Day (Year)  17 I HERESY CERTIFY, That I attended deceased from		
Mo not have (Year)	Thank 134 1911, to Sapt. 1474, 1918.  that I last saw how alive on July 874. , 1915.		
about yo with the tay, hrs.  or mos ds.  or min.?	and that death occurred on the date stated above, at 5.50 Hm.  The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in Janua Cabona which employed (or employer)	Set Transition (Duration) yrs years ds.		
9 BIRTHPLACE (State or country) Baltimore City.  10 NAME OF FATHER Edward Waters	Contributory Secondary  (Doration) yrs mos ds.  (Signed) W. M. D. M. D.		
11 BIRTHPLACE OF FATHER (State or country) Batture City.  12 Maiden Name OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country) Souchaster Country  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds  Where was disease contracted,		
(Informant) Tom. Harry Waters	If not at place of death?  Former or  osual residence.		
(Address) Goldans Hill, Ind.	Colored Church Tuesking Trek Sept 1813.		
Filed Sept. 15 31913 WH. Houston	20 UNDERTAKER ADDRESS . Golden Held		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a). Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer. (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar recumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For viod8.;



RECORD

PERMANENT

DINDING

NARGIN

Information

0

item

1

ż

[Approved by U. S. Census and American Fublic Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is ame accepted term for the same disease. Fixamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinology

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. properly classified. Exact statement PERMANENT 4 UNFADING INK-THIS IS N. B.—Every Item of Information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be in important. See instructions on back of certificate. WRITE PLAINLY, WITH

STATE OF MARYLAND CERTIFICATE OF DEATH

Ontributory Secondary  Contributory  Contributory  Secondary  C	County	Registration Dist. No. // L		
**SEX **COLORORRACE SINGLE, MARRIELO, WIDOWER (North) (Day (Yoar) (Yoar) (World the word)  **DATE OF BIRTH	Village Poly Poly Poly Poly Poly Poly Poly Poly	a hospifal or institution, give its NAME instead		
Woodwards woodwards word word word word word word word word	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
TAGE    If LESS final   That I last saw has allow on suff of the last stated above, at 3.15 A mand that death occurred on the date stated above, at 3.15 A	MARRIED, Le magle	(Month) (Day (Year)		
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Sapo. Ind  10 NAME OF FATHER (State or country) Salar S	(Day (Year)	aug, 27, 1913, to Seft 5, 1913,		
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)**  OF FATHER**  (State or country)**  OF MOTHER**  (State or country)**  OF MOTHER**  (State or country)**  OF MOTHER**  (Informant)**  13 BIRTHPLACE*  OF MOTHER**  (State or country)**  OF MOTHER**  (State or country)**  OF MOTHER**  (Informant)**  OF MOTHER**  (Informant)**  (Informant)**  OF MOTHER**  (Informant)**  OF MOTH	/ yrs ds.   1 day,hrs.   OR min. ?			
Contributory Secondary  (Signed)  State Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, state (1) Means of Injunx; and (2) whether Accident Causes, stat	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	Typlioid Fenr-  (Duration) yrs. mos 20 ds.		
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 BIRTHPLACE OF MOTHER (State or country)  (Informant)  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)  (In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease confracted, if not at place of death?  Former or usual residence.	9 BIRTHPLACE (State or country) Crafe. Ind	Secondary (Ouration) yrs mos ds.  (Signed) , M. D.		
Where was disease confracted,  If nof at place of death?  Former or usual residence.	of MOTHER CLAM, BOOD	Af place In the		
(Address) Ranker de la Place OF BURIAL OR REMOVAL DATE OF BURIAL	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease confracted, If not at place of death?  Former or usual residence		
Filed Aff 5 1913 Solver Registrar Couffer Many April 20 UNDERTANZER ADDRESS  Thore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Filed Steff 5 1913 Selver REGISTRAR C	Countertaker Carfer Caustice & P. 1913		

12440

PLACE OF DEATH

No. σĝ

[Approved by U. S. Consus and American Public Health Association.]

minc, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Laborer," As examples: (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Samoes .

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can-LENT NEATHS state MEANS OF INJURY and qualify us etc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

BUNDAU V. S.
BUNDAU V. S.

m

PHYSICIANS should of OCCUPATION is RECORD PERMANENT EXACTLY. properly classified. 4 be 15 pinous UNFADING INK-THIS AGE supplied. pe may carefully that PLAINLY, WITH be pinous DEATH in plain Information jo CAUSE OF important. m ż

### 1 PLACE OF DEATH state Very County. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day TAGE BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ... certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Jo DEATH in plain terms, See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MY KNOWLEDGE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 110

Ilf death occurred in

St.; Ward)	a hospital or institution, give its NAME instead of street and number.]			
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH	19 . 191			
(Month)  17 I HEREBY CERTIFY, That I a	(Day (Year)			
that I last saw halive on				
and that death occurred on the date stated a	, 191			
The CAUSE OF DEATH* was as follows:	Magana,			
(Duration)	mos			
Secondary	888 <i>0</i> 01-8688888888888888888888888888888888888			
(Signed) B. Henris (Duration) Sep. 19, 1913. (Address) Helden	erson, n.			
*State the Disease Causing Death, or, i Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	n deaths from VIOLE: (2) whether ACCIDE			
18 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At place In the ot death				
It not at place of death?				
Pilliams burg Md &	ATE OF BURIAL			
alongo Pring Led	ADDRESS Calding			

15

REGISTRAR

If more bianks are needed, address State Registrar, 6 D. Franklin St. Balto., Requesting V. S. No. 1.

(Year

It LESS to

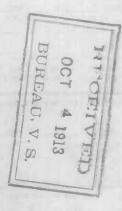
1 day,......

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, ctc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." schsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report



Village or City  Village  PERSONAL AND STATISTICAL PARTICULARS  BERSONAL AND STATISTICAL PARTICULARS  Selection  Amarico  Willowero  Ondoword  O	PLACE OF DEATH 12442	STATE OF MARYLAND
Village or City  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day (Year)  (Month)  (Month)  (Day (Year)  (Month)  (Month)  (Day (Year)  (Month)  (Day (Year)  (Month)  (Day (Year)  (Month)  (Month)  (Day (Year)  (Month)  (Day (Year)  (Month)  (Month)  (Day (Year)  (Month)  (Month)  (Day (Year)  (Month)  (Month)  (Day (Year)  (Month)  (Month)  (Day (Month)  (Month)  (Day (Month)  (Month)  (Day (Month)  (Mo	County Dirchesler	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  A COLOR OR RACE  MARRIED  MARR	2.	Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIED  WHOWEN  MARRIED  WHOWEN  ORDIVORCED  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from  Interpretation  Interpretation  Interpretation  (a) Trade, profession, or  particular kind of work  (b) General nature of Industry,  business, or establishment in  which employed (or employer)  Secondary  Contributory  MARRIED  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from  Interpretation  ORDIVATION  (a) Trade, profession, or  particular kind of work  (b) General nature of Industry,  business, or establishment in  which employed (or employer)  Secondary  Contributory  Secondary  ORDIVATION  Contributory  Secondary	Village or City Mights (No. 1)	a hospital or institution, give its NAME instead
According to the state of the s	FULL NAME	
MARRIED, Windle Word)  6 DATE OF BIRTH  Aug. 2 1 1911 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1911 that I last saw he alive on 1913 and that death occurred on the date stated above, at 3 nm 1 day, hrs. OR min.?  6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Magazin and Aug. Contributory Magazin and Secondary  Contributory Magazin and Secondary  Contributory Magazin and Secondary	1'	
Aug. 27   1891   1913   to Sign 1913   1913	73 A MARRIED, WIDOWED.	(Month) (Day (Year)
(Morth) (Day (Year)    Tage	6 DATE OF BIRTH	S 40 3-1
## Coccupation  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **The CAUSE OF DEATH** was as follows:  **OR** min. ?  **Contributory**  **Contributory**  **Contributory**  **Contributory**  **Secondary**  **Contributory**  **Secondary**  **Contributory**  **Contributory*  **Contri	-	
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manual Country  Contributory  Secondary  The CAUSE OF BEATH * Was as follows:  (Duration)  YES  Contributory  MANUAL COUNTRIBUTORY  Secondary		and that about occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  (State or country)		The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manual mand	(a) Trade, profession, or	The leavest of the second of t
State or country) Managed Secondary	(b) General nature of Industry, business, or establishment in	(Duration) yrs mos ds.
	9 BIRTHPLACE (State or country) 4	Secondary
FATHER The It Thight (Signed)	FATHER MAN IL Stright	(Signed) (Signed) , M. D.
2 11 BIRTHPLACE OF FATHER (State or country) Maryland State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	11 BIRTHPLACE OF FATHER (State or country) Mary Jand	
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS	of Mother Anni J. Houldand	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Manyland  At place of death	OF MOTHER (State or country) Maryland	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Italia Harmania Horizontal Former or usual residence	1/201. 11. 11 11	If not at place of death?
(Address) Prights Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	(Address) Prights Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Och 1973 & U.S. WRUS 20 U. DEPATANER ADDRESS	Filed Och 1 1973 S. U.S. Tokus	20 UN DESTANER
more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion, State cause for Never report

